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25900 7590 09/29/2010
NOVOZYMES NORTH AMERICA, INC.
 500 FIFTH AVENUE
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/560,260	12/09/2005	Dorotea Ravelos Segura	10328.204-US	9630

TITLE OF INVENTION: ANTIMICROBIAL PEPTIDES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/29/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAM, CHIH MIN	1656	514-002000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Elias J. Lambiris
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. _____ 3. _____	2. _____ 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE *Novozymes Adenium Biotech A/S 1. Denmark* (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature *Elias Lambiris*

Date *September 27, 2010*

Typed or printed name *Elias Lambiris*

Registration No. *33728*

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